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PHYSICIANS should state of OCCUPATION Is very

Exact statement

classified.

properly AGE

of information should be carefully supplied.

DEATH in plain terms, so that it may be instructions on back of certificate.

-Every item of information CAUSE OF DEATH in pial WRITE

N. B.

important.

15

stated

RECORD

PERMANENT

1 PLACE OF DEATH

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist, No

.Ward)

It death occurred in a hospital or institution, give Its NAME Instead ot street and number.]

DATE OF BURIAL

ADDRESS

- 4	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	MARRIED, WIDOWED, WILLOW	(Month) (Day (Year)
A	Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
D D	ATE OF BIRTH 182	*****   Ab. A # f. A
7 A	(Month) (Day (Year	The state of the s
	an 1 day,	
	yrs mos ds. OR min	7
,	) Trade, profession, or profession, or profesular kind of work	Denuty
(b)	General nature of industry,	•••••••••••••••••••••••••••••••••••••••
	siness, or establishment in ich employed (or employer)	(Duration) yrsmosds.
	(State or country)	Gontributory
	10 NAME OF FATHER unknown	(Signed) p. Drnest Dr. Sprice, M. D.
ENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causile, state (1) Means of Injury; and (2) whether Acciden-
PARI	12 MAIDEN NAME OF MOTHER  LUND NOTION	CAUSIS, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs, mos, ds. State yrs, mos, ds
	(Informant) Sich Darnes	Where was disease contracted, If not at place of death?  Former or

REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

[Approved by U. S. Consus and American Public Health Association.]

should be taken to report specifically the occupatious duties of the honsehold only (not paid Housekeepers Physician, Compositor, Architect, Locomotive engineer, CAUSING DEATH, state occupation at beginning of illgaiufully employed, as At school or At home. Care "Manager," "Dealer," etc., without more precise spectstatement. the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But iu many applies to each aud every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: been ehanged or given up on account of the DISEASE Servant, Cook, Housemaid, ctc. of persons engaged in domestie service for wages, as Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of oeeupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never retnrn "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, If the occupation has As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cérebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaemus," "Old Age," "Shoek," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as cause. Aiways qualify aii diseases resulting from cte, when a definite disease ean be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convnlsions," "Debility" ("Conmerc symptoms or terminal conditions, such as "As-Bronchopneumonia (seeondary), 10 ds. Never report ampie: ture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." injury, as fracture of skuil, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. by carbolic acid-probably suicide. The nature of the is iess definite; avoid use of "Tnmor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Measles (disease eausing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhanstion," (Recommendations on statement of For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RESERVED FOR BINDING MARGIN

PLACE OF DEATH	STATE OF MARYLAND
County Pr. George's	CERTIFICATE OF DEATH
County	Registration Dist. No. 28/
	St.; Ward)  [If death occurred is a hospital or institution give its NAME insteased street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH ,
Male While Single, Single Widowed, Orbivorced Orbivorced (Write the word)	(Month) (Day) (Year)
B DATE OF BIRTH  Suly  Month)  (Day)  (Year)	that I last saw print, alive on the best of 1912
7 AGE 59 6 22 If LESS than 1 day,	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishmant in which employed (or employer)	(Sudden) (Duration) yrs. mos. l. ds.
BIRTHPLACE (State or country) Stachington D. C.	(Secondary) (Onration) (Onration) (Onration) (Onration)
FATHER Leonidas Bowen  11 BIRTHPLACE OF FATHER (State or country) Wash. 40. C.	(Signed), M. D.  # State the DISHASH CAUSING DEATH, or, in deaths from VIOLENT
12 MAIDEN NAME OF MOTHER MARY A Larenute  13 BIRTHPLACE OF MOTHER (State or country)  13 Clarenute  14 Clarenute  15 Clarenute  16 Clarenute  17 Clarenute  18 Clarenute  18 Clarenute  18 Clarenute  19 Clarenute  19 Clarenute  19 Clarenute  10 Clarenute	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place  In the
14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 10774 F. Julie	of death yrs mos ds, State yrs mcs ds.  Where was disease contracted, If not at place of death?  Former or usual residence.
15 Filed Fleb 8 1916 - De Spicer REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  Nashington W. F. J
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative lealthfulness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborcr," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, Women at home, who are engaged in the Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichacetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), ample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritix cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. -Hart failure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the "Collapse." "Coma," "Convulsions," "Debility" ("Con-The contributory tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can For vio-



V. B. No. 1.

	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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۲, ۱	term term on ba
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PL/	TH In
RITE	F DEA
>	Every item of information should be carefully sur CAUSE OF DEATH in plain terms, so that it ma important. See instructions on back of certificate.
	CAU
	Z Z

	1 PLACE OF DEATH	2295 STATE OF MARYLAND
C	ounty Arince george	CERTIFICATE OF DEATH
	11	Registration Dist. No. 2117
٧	illage or City Jammont (No. Heig	St; Ward)  [If death occurred in a hospital or institution, give its NAME instead
	*FULL NAME ANAL Kr	of street and oumber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	4 COLOR OR RACE STRUCE, MARRIED.	18 DATE OF DEATH Ful. 2 1015
1	OR DIVORGE	(Month) (Day) (Year)
8 D	ATE OF BIRTH	17 Les HEREBY CERTIFY, That I attended deceased from
	(Month) (Day) (Year)	that I last saw h alive on Feb. 1
TA		and that death occurred on the date stated above, at 4:30 Hm.
1	51 yrs mos 6 ds OR min.?	The CAUSE OF DEATH* was as follows:
80	CCUPATION	must requestation
(a)	Trade, profession, or Trade, profession, or Tricular kind of work house heefer	long compensation shope
(b)	General nature of Industry,	9
	ness, or establishment in ch employed (or employer)	(Ouration) yrs. mos. ds.
98	RTHPLACE tate or country)	Gontributory (Secondary)
	10 NAME OF CAMADA ANAMARIA	(Signed) Willer W. Jene , N. D.
IS	11 BIRTHPLACE	THE 1915 (Address) Donne of Hytill
PAREN	(State or country) Journa County Ta	*State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
PA	OF MOTHER Julia Coales	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) Juria County La	At place In the of death yrs mos ds. State yrs mos ds.
147	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Informant) erry & Haufur	Former or usual residence
	(Address) fargaront dunting	19 PLACE OF BURIAL OR REMOVAD DATE OF BURIAL
15	114 10000	Woodlarm Centers. Febry 6", 1915,
Fil	ed fur 5 1915 James Weash Joes REGISTRAR	20 UNDERTAKER Vard. 132-3ad. St.
1	If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekccpers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative Lealthfuiwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not minc, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry; and therefore an Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," The question "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing described the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar meumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinological control of the disease of the death of the death of the disease of the death of the de

sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purprenal scottchace mus," "Old Age," "Shock," "Uraemia," "Weakness," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Hart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," uant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig LENT DEATHS state MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds. valvular heart disease; Chronic interstitial nephritis oma. Surcoma. etc., of ... The contributory (secondary, or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," name origin; "Can "Exhanstion," Never repor Examples For vio



WRITE PLAINLY, WITH UNFADING INK-THIS IS

AGE should be stated EXACTLY, PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very

should be stated EXACTLY.

AGE

carefully supplied.

N. B.—Every item of information should be GAUSE OF DEATH in plain terms, s

Filed Freb 4

A PERMANENT RECORD

PHYSICIANS should

PLACE OF DEATH	2296 STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist, No. 244
2 2 1	
Village or City enstable (No	St.; Ward) [If death occurred line a hospital or institution
FULL NAME Caroline 7	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, Window	16 DATE OF DEATH Sufr 3 , 191
Write the word)	O (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	1910, to July 3, 191.
hove / 1877	that I last saw h. S. Calive on Fish: 3 191
(Month) (Day (Year)  AGE If LESS than	and that death occurred on the date stated above at 6
7 - 1 day,hrs.	The CAUSE OF DEATH * was as follows:
BOCCUPATION //	Volado healt hubbs
(a) Trade, profession, or House Servant	
(b) General nature of industry,	
business, or establishmenf in which employed (or employer)	(Duration) yrs mos
9 BIRTHPLACE (State or country)	Gontributory Secondary
10 NAME OF	(Duration)yrsmos
FATHER ADMINISTRATION OF THE PARTY OF THE PA	(Signed) of a South the M.
of Father	Fely 3 1915 (Address) isf such land
(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLE CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDE TAL, SUICIDAL, or HOMICIDAL.
12 MAIDEN NAME OF MOTHER	
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS)  At place in the
OF MOTHER (State or country)	of death yrs mos ds. State yrs mos.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease confracted, if not at place of death?
(Informant) Thomas Distance	Former or usual residence.
(Address) Brown & Culous	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	Tupper morliono Fit 5-, 191.
I	20 440 70 70 70 70

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestle service for wages, as should be taken to report specifically the occupations galufully employed, as At school or At home. Care who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in Industrial employments, It is nec-Civil engineer, Stationary fireman, etc. But lu many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and ehildren, not (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphiheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopucumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Tuerperal peritonitis," ete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart discase; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuil, and cousequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerreral septichae-"Heart fallure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (seeondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of...... (uame orlgin; "Can The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease eauslug "Dropsy," etc. State cause for death), 29 ds.; "Exhaustion,"



WRITE PLAINLY, WITH UNFADING INK-THIS IS

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Every Item of CAUSE OF I

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### supplied. AGE should be stated EXACTLY. PHYSICIANS should state may be properly classified. Exact statement of OCCUPATION is very of information should be carefully sur DEATH in plain terms, so that it ma See instructions on back of certificate.

1 PLACE OF DEATH In ner Iseo V



#### STATE OF MARYLAND CERTIFICATE OF DEATH

232 Registration Dist. No

illage or C	ity near	Upper Mo	allow	mo

-Ward)

[If death occurred in a hospital or Institutioo, give its NAME instead of street and number.]

	FULL NAME Hanh Brown	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	Male Colored Single, Married, Widowed, Widowed, Write the word)	16 DATE OF DEATH & // (Month) (Day (Year)
6 D	(Month) (Day (Year)	that I last saw here alive on 1915.
	bont 48 yrs mos ds. or min.?	and that death occurred on the date stated above, at 6-40 Am, The CAUSE OF DEATH* was as follows: Menergytho, Cause from
(b)	a) Trade, profession, or Aurice artiquiar kind of work ) General nature of industry, siness, or establishment in hich employed (or employer)	alcohol + expresses (Duration) yrs. mos. # ds.
	10 NAME OF FATHER A	Contributory Secondary  (Duration) yrs mos ds.  (Signed) Overly Secondary
PARENTS	11 BIRTHPLACE OF FATHER (State or country) Maryland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY: and (2) whether ACCIDENT
	13 BIRTHPLACE OF MOTHER (State or country)  12 MAIDEN NAME  White of Mother (State or country)	TAL, SUICIDAL, OF HOMICIDAL.  15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the Of deathyrs,mosds
14	(Informant) Serge Cole	Where was disease contracted, If not at place of death?  Former or usual residence
16 FI	led Feb. 15, 1915 REner Anth	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  DATE OF BURIAL  19 PLACE OF BURIAL  DATE OF BURIAL  19 PLACE OF BURIAL  ADDRESS  ADDRESS  ALLE PRANCHOW MAN

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. The additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the DISEASE material worked on may form part of the second it should be used only when needed. For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa If retired from business, that fact may be indlvery important, so that the relative healthful-Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pincumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of mia," "PUERPERAL peritonitis," etc. State cause for ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. Never report ample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) For vio-



statement PERMANENT D properly INK supplied. اله may 9 terms. ponid plain 2 DEATH

certificate.

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Instructions

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CAUSE

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PHYSICIANS shou

RECORD

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 230 Ilf death occurred in St ......Ward) a hospital or institution. give Its NAME Instead of street and number. 1 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE S SINGLE. 16 DATE OF DEATH MARRIED WIDOWED. ORDIVORCED (Write the word) Month) (Dav (Year) I HEREBY CERTIFY, That I attended descessed from 6 DATE OF BIRTH (Month) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at... 1 day 24hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or amployar) Contributory 9 BIRTHPLACE Secondary (State or country) (Buration) .... 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-(State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death ..... yrs. .... mos. .... ds. State \_\_\_\_\_ yrs, \_\_\_\_ mos. Where was diseasa contracted. If not at placa of death?.... Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS REGISTRAR Vasells

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. dutics of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precisc specistatement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to caeh and every person, irrespective of age tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Preelse statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonla," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERFERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal scptichacetc., when a definite disease can be aseertalned as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," cte.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measics (disease causing affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomenclalnjury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of death), 29 ds.; "Exhaustion," For Vio-



# WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

S. No. 1.

RECORD

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Every item of information should be carefully supplied.

CAUSE OF DEATH in plain terms, so that it may be i N. B.

County.



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 230

St.; Ward)

[It death occurred in a hospital or Institution, give its NAME instead ot street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Color or RAGE STREE, MARRIED, MANUEL WISOMED, OPENFORCED (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH  (Month) (Day (Year)	that I last saw h La alive on 2 6 . 12,1915.
7 AGE    It LESS than   1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at "H a. m The CAUSE OF DEATH* was as follows:  Pass Bes al Veri Touits
8 OCCUPATION (a) Trade, protession, or particular kind of work.	Depticemia)
(b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Clerka best Secondary
of Father Phil Talbert.  11 BIRTHPLACE OF FATHER (State or country) Virginia	(Signed)
13 BIRTHPLACE OF MOTHER OF COTO	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place In the ot death yrs mos ds.
(Informant) Pull dancas let.  (Address) Murkirk Ma.	Where was disease contracted, if not at place of death?  Former or usual residence
Flied Feb 13 th 1915 What D Smith	20 UNDERTAKER MAJORESS  LIAG MENCH DALLE MAJORESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to cach and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," Farmer (retired 6 yrs.) For persons As examples: But in many "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is iudefiuite): Tuberculesis of lungs, meninges, peritonaeum, etc., "Carcin-

oma, Sarcoma, etc., of...... (name origiu; "Canample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichae ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgcuital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (seeondary), 10 ds. Never report cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendatious on statement of "Dropsy," "Exhaustiou,"



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

Village or City Live Hell (No. St.; Ward)  2 FULL NAME  PERSONAL AND STATISTICAL PARTICULARS  3 SEX  4 COLOR OR RACE SINGLE, MARRIED WIDOWS (Month) (Day) (Veat)  WIDOWS (Month) (Day) (Veat)  7 AGE  6 DATE OF BIRTH  FLD. 23, 9/5  (Month) (Day) (Veat)  7 AGE  1 HEREBY CERTIFY, That I attended deceased from 191 (Test precision, promise of the date stated above, at m. 191.  The CAUSE OF DEATH * was as follows:  1 The CAUSE OF DEATH * was as follows:  2 The CAUSE OF DEATH * was as follows:  3 The CAUSE OF DEATH * was as follows:  4 The CAUSE OF DEATH * was as follows:  1 The CAUSE OF DEATH * was as follows:  1 The CAUSE OF DEATH * was as follows:  2 The CAUSE OF DEATH * was as follows:  3 The CAUSE OF DEATH * was as follows:  4 The CAUSE OF DEATH * was as follows:  4 The CAUSE OF DEATH * was as follows:  4 The CAUSE OF DEATH * was as follows:  4 The CAUSE OF DEATH * was as follows:  4 The CAUSE OF DEATH * was as follows:  4 The CAUSE OF DEATH * was as follows:  5 The CAUSE OF DEATH * was as follows:  5 The CAUSE OF DEATH * was as follows:  5 The CAUSE OF DEATH * was as follows:  5 The CAUSE OF DEATH * was as follows:  5 The CAUSE OF DEATH * was as follows:  5 The CAUSE OF DEATH * was as follo	county Prince Leoige	STATE OF MARYLAND CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  3 SEX  4 COLOR OR RACE   SINGLE, WIDOW COUNTY  5 DATE OF DEATH  FLW. 23, 1915  (Month) (Day) (Year)  10 DATE OF DEATH  10 DATE OF DEATH  FLW. 23, 1915  (Month) (Day) (Year)  11 HEREBY CERTIFY, That I attended deceased from the files of the stated above, the st	Village or City Liver Hill (No.	St.; Ward) [If death occurred in a hospital or Institution,
SEX COLOR OR RACE   SINGLE   S	FULL NAME	
Semalle Colored (Profestingle)  Source of Birth  Fally 23 19/3  (Month) (Day) (Year)  (M		MEDICAL CERTIFICATE OF DEATH
SOATE OF BIRTH  File 23 1 9/5  (Month) (Dny) (Car)  TAGE  (Month) (Dny) (Car)  That I last saw h alive on 191  and that death occurred on the date stated above, at most distance of the control of the date stated above, at most distance of the control of the con	MARRIED, WIDOWED	(Month) (Day) (Year)
TAGE  If LESS than 1 day, hrs.  BOCCUPATION (a) Irade, profession, or particular, kind of work  (b) General nature of industry business, or establishment in which employed (or employer)  BIRTHPLACE OF ACTURE FATHER  (State or country)  10 NAME OF FATHER CULER  TO NAME OF FATHER CULER  (State or country)  12 MAIDEN NAME  13 BIRTHPLACE OF MOTHER FAULE  13 BIRTHPLACE OF MOTHER FAULE  13 BIRTHPLACE OF MOTHER FAULE  (Informent)  14 THE ABOVE IS RUE TO THE BEST OF MY KNOWLEDGE  (Informent)  14 THE ABOVE IS RUE TO THE BEST OF MY KNOWLEDGE  (Informent)  15 Filed 2-23, 1915  COCCUPATION  (Burstless)  16 COCCUPATION  (Duration)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)	Feb. 23,915	, 191, to, 191,
(a) Irade, profession, or particular kind of work.  (b) General nature of lodustry business, or establishment in which employer (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER (Obert Carter)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)  (Address)  (Address)  15 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENCE)  (Informant)  (Address)  16 LALCE OF BURIAL OR REMOVAL  DATE OF BURIAL  2 - 23 - 191 5 S CONNECTIONS  20 UNDERTAKER  (Duration)  (Signed)  (Signed)  (Address)  (Address)  A DATE OF BURIAL  2 - 23 - 191 5 S CONNECTIONS  20 UNDERTAKER  (Duration)  (Duration)  (Signed)  (Signed)  (Address)  (Signed)  (Address)  A CONTENT RESIDENCE  (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, or RESIDENCE  (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, or RESIDENCE  (Informant)  (Address)  16 GLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  2 - 23 - 191 5 S  20 UNDERTAKER  (DDDESS)	7 AGE If LESS than 1 day, hrs.	and that death occurred on the date stated above, atm.
Dustiness, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDLEN NAME OF MOTHER LAUCLE STATE OF MOTHER OF	(a) Trade, profession, or particular kind of work.	Still-Born
State or country)  Md.  10 NAME OF FATHER Clert Carter  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME (State or country)  12 MAIDEN NAME (State or country)  13 BIRTHPLACE OF MOTHER CAUBENTAL, OF MOTHER OF MOTHER (State or country)  14 THE ABOVE IS PRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  14 THE ABOVE IS PRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  15 Cortain Country  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residence of death ?  Former of where was disease contracted, find at place of death?  Former of guildence  16 Glade OF BURIAL OR REMOVAL  17 State the DISPAGE CAUBIND DATH, Or, in deaths from Violent CAUBEN, state (1) MEANS OF INJURY; and (2) whether Accidental, Surceture and (2) whether Accidental, find the office of death of the present of the country of the state of death of the present of the pr	Dusiness, or establishment in	. (Duration)
11 BIRTHPLACE OFFATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OFFATHER (State or country) 14 THE ABOVE IS PRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Informant) (Informant)  (Address)  (Signed)  (Address)  (Address)  (Address)  (Address)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Address)  (Address)  (Address)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Informant)  (Informant)	9 BIRTHPLACE (State or country) Md.	Secondary
OR RECENT RESIDENTS  At place OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)  Sulver Hill  At place of death The Mose was disease contracted, If not at place of death?  Former or Country  The Address  The	FATHER WEST Carton	(Signed) Samuel & Low Loc. 129.
OR RECENT RESIDENTS  At place OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)  Sulver Hill  At place of death The Mose was disease contracted, If not at place of death?  Former or Country  The Address  The	Z OF FATHER (State or country)  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
Where was disease contracted, if not at place of death?  (Informant) Albert Carter  (Address) Silver Hill, Mod 19 glace of Burial or Removal Date of Burial 2-23-, 1915  Filed 2-23, 1915 S. Coc 29 UNDERTAKER  Carter Silver Hill  Aseal Registrar	13 BIRTHPLACE OF MOTHER	OR RECENT RESIDENTS) At place In the
(Address) Silver Hill Mod 19 glace of Burial or REMOVAL  15 Filed 2-23, 1915 S. Coc 29 UNDERTAKER  Coc 29 UNDERTAKER  Coc 30 DRESS  Were Hill  Control Silver Hill  Control Silve	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
Filed 2 , 191 S. C.	(Address) Silver Hill, Md	19 GLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  2-23-, 191 5
	aseas	albert Carter Silver Hill

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Scrvant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

Execut out to be eight 2 &

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or nomicidal, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," cough; Chronic valvular heart disease; Chronic interstitial on Nomenclature of the American Medical Association.) to determine definitely. Examples: Accidental drowning, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "Puerperal septichaemia," cause. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchapmeumonia (secondary), 10 ds. Never report mer symptoms or terminal conditions, such as "Asthenia, rent) affection need not be stated unless important. nephrilis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplasms); Measles; Whooping Example: Measles (disease causing death), 29 ds.; Bron-Always qualify all diseases resulting from childby railway train-accident; Revolver wound State cause for which Never report mere

tions answered in delall-it. will prevent further correspondence. All the data is essential-and, must be obtained before the certificate is permanently filed. SIVED

MAY 6 1915

RECEIVED

MAR 8 1916

BUREAU, V. S.

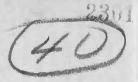
If this certificate is looked over thoroughly and all ques-

V. S. No. 1.

N.B.

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT PLAINLY, WITH UNFADING INK-THIS DEATH in plain terms, so that it ma See instructions on back of certificate. should be Information WRITE 6 OF Every Item CAUSE OF Important.

PLACE OF DEATH



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 236

\_St.;\_\_\_Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and nomber.]

2 FULL NAME Agness & Chause

FULL NAME Tyness ()	Tasa
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemal Anto Seinster Married Married Without the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH  Mud 25  (Month) (Day (Year)	that I last saw here alive on All 14 14 15 1912
7 AGE  38 yrs 5 mos 22 ds. or min.?	and that death occurred on the date stated above, at 9
(a) Trade, profession, or particular kind of work	Canen 77 The Tures
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mgs. ds.
State or country) Jun Annalla M	Secondary (Burnilles)
10 NAME OF FATHER Policieus Tucker  11 BIRTHPLACE  OF FATHER	(Signed) J. M. Downell M. D.  (Address) Rhamishailes and
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Punto Sew G Mel	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos. ds. State yrs, mos. ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, If not at place of death?  Former or Usual residence.
(Address) Downson of Med	White March Md Jul 18 1915
Filed, 191	man Mod Markers Mod

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not dutles of the household only (not paid Housekcepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e.g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUEEPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaccause. Always qualify all diseases resulting from etc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homieide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-The contributory (Recommendations on statement of (secondary or intercurrent) State cause for



V. S. No.

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PHYSICIANS should state of OCCUPATION is very RECORD properly classified. Exact statement PERMANENT EXACTLY. stated 4 pe pinous THIS AGE UNFADING INK carefully supplied. of information should be c DEATH in plain terms, so See instructions on back of PLAINLY, WITH See instructions WRITE CAUSE OF I

13		STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 245  St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male White on the word	16 DATE OF DEATH  (Month)  (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
	DATE OF BIRTH  (Month) (Day (Year)	that I last saw hall allye on February 5, 1915
	74 AGE   If LESS than 1 day,	and that death occurred on the date atated above, at 3.30 A m, The CAUSE OF DEATH* was as follows:
1	(a) Trade, profession, or particular kind of work	Rumonia
	(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos 5 ds.
	9 BIRTHPLACE (State or country)	Contributory Industrial
	10 NAME OF Joseph Coraudell	(Signed) Survey M. D.
and the second s	11 BIRTHPLACE OF FATHER (State or country) MM d	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country)  Mary Grells	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place  In the of death yes, mos, as State yes

Where was disease contracted, If not at place of death?

Former or usual residence

OF MY KNOWLEDGE

15 REGISTRAR

State

UNDERTAKER ADDRESS

alewsburg MIS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line-is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Scrvant, Cook, Housemaid, etc. If the occupation has (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of etc., when a definite disease ean be ascertained as the thenia," "Anaemia" (merely symptomatie), "Atrophy," ample: Measles (disease eausing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERFERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. eause of death approved by Committee on Nomenclawhich surgical operation was undertaken. For vioture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Exhaustion,"



statement PERMANENT properly supplied. pe may 20 0 back terms. should 2 EATH WRITE PO 山〇 Every Item CAUSE OF Important.

23113 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No 29/ Ilf death occurred la a hospital or institution. give its NAME Instead of street and number.] 2FULL NAME..... PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH 5 SINCLE, MARRIED. WIDOWED. (Month) (Day (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at \_\_\_\_\_ 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 BOCCUPATION born ab lenne (a) Trade, profession, or none particular kind of work. chied was fucly delivered as I onlevel the (b) General nature of industry, Perolia presentatione business, or establishment in the head was angaged (Duration) yrs. which employed (or employer) ..... 9 BIRTHPLACE Contributory.... (State or country) .. (Address) Hyansonics ARENT OF FATHER (State or country) horthus \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. State \_\_\_\_\_ yrs. \_\_\_\_ mos. \_ Where was disease contracted. if not at place of death?-Former or usual residence. 15 REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1. The Hank contains are Ilinus of the cree

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speci-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. 'As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, essary to know (a) the kind of work and also (b)For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salcsman, (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcis of lungs, meninges, peritonaeum, etc., Carcin-

ant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. "Contributory." such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mus," "Old Age," "Shoek," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) eause of death approved by Committee on Nomenelaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of State cause for For Vio-



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#### Should PHYSICIANS shoul PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED, Rung ite the word (Month) (Day (Year) TAGE It LESS than 1 day hrs. OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. pe (b) Beneral nature of industry, business, or establishment in may (Duration) which employed (or employer) 9 BIRTHPLACE Contributory certificat (State or country) Secondary 10 NAME OF FATHER (Signed) 0 back PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME DEATH in plain See instructions OF MOTHER BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ot death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ \_ ds. Where was disease contracted. If not at place of death?. Former or usual residence. mportant. Every Its PLACE OF BURIAL OR REMOVAL 15

REGISTRAR

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

-Ward)

It death occurred in a hospital or institution. give its NAME instead of street and number. 1

(Month) (Day I HEREBY CERTIFY, That I sttended deceased from and that death occurred on the date stated above, at The CAUSE OF DEATH\* was as follows:

4-State the DISEASE CAUSING DEATH or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL

In the State \_\_\_\_ yrs. \_\_

DATE OF BURIAL

UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

dutics of the household only (not paid Housekeepers the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care mine, etc. statement. applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, As examples: (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anacmia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skuli, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," ctc.), "Dropsy," "Exhaustion," "Coliapse," "Coma," "Convulsions," "Debility" ("Concause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. affection need not be stated unless important. ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for



1 PLACE OF DEATH STATE OF MARYLAND Statement o CERTIFICATE OF DEATH Registration Dist. No. If death occurred in 0. .Ward) a hospital or institution. EXACTLY. give Its NAME Instead of street and number. ] <sup>2</sup> FULL NAME PERSONAL AND STATISTICAL PARTICULAR MEDICAL CERTIFICATE OF DEATH SINGLE, 16 DATE OF DEATH class 3 SEX 4 COLOR OR RACE WIDOWED WINDOWS
OR DIVORCED
(Write the word) MARRIED, (Month) (Day) (Year) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH , 191 pino (Year) pe (Month) (Day) alive on 7 AGE If LESS than and that death occurred on the date stated above, at ......m 1 day, hrs. Ë G OR min. ? ..... mos. OCCUPATION (Q th (a) Trade, profession, or particular kind of work. (b) General nature of industry business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary DO 10 NAME OF FATHER I S 11 BIRTHPLACE RENT OF FATHER 4 \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLANT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTS 12 MAIDEN NAME SUICIDAL OF HOMICIDAL. CO OF MOTHER Oati 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) Eω 13 BIRTHPLACE In the At place S OF MOTHER J is of death - State, yrs. (State or country) ......yrs. ......ds. .....ds. Where was dispase contracted. state CA of Il not at place of death?..... Former or (informant) usual residence T D DATE OF BURIAL PLACE OF BURIAL OR REMOVAL Every (Address) 15 UNDERTAKER ADDRESS m Z If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting Y. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used engineer, Stationary fireman, etc. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part Locomotive engineer, But in many cases, The question Civil

spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumona"); fever (the only definite synonym is "Epidemic cerebro-CAUSING DEATH (the primary affection with respect to unqualified, is indefinite); Tuberculosis of lungs, menin-Lobar preumonia, Bronchopneumonia ("Pneumonia term for the same disease. Examples: time and causation), Statement of Cause of Death-Name, first, the DISEASE using always the same accepted Cerebrospinal

> head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, mus," "Old Age," "Shock," "Uraemia," "Weakness," and consequences (e. g., sepses, tetonus) may be stated under the head of "Contributory." (Recommendations to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deathis "PUERPERAL perilonitis," etc. birth or miscarriage as "Puerpenal septichuemia," eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valuular heart disease; Chronic interstilial Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whoaping "Heart failure," "Haemorrhage," "Inanition," "Marasstatement of cause of death approved by Committee Nomenclature of the American Medical Association.) by railway train-accident; Revolver wound of The nature of the injury, as fracture of skull, The contributory (secondary or intercur-State cause for which Never report mere

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained below the pertificate is permanently filed.

MAR & PAN 19/5

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PHYSICIANS should of OCCUPATION IS RECORD PERMANENT cia properly INK UNFADING 0 back PLAINLY. ATH in plain DEAT ō OF CAUSE OF Important.

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. .Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED. (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at... t day \_\_\_hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUCIDAL, or HOMICIDAL, 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_ State \_\_\_\_\_ vrs. Where was disease contracted. If not at place of death? Former or usual residence (Address) ...

ADDRESS

DATE OF BURIAL

[If death occurred in

(Year)

a hospital or iostitution.

give its NAME instead ot street and comber.]

(Day

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

J. C.O.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations dutics of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. been changed or given up on account of the DISEASE gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

injury, as fracture of skull, and eonsequences (e. g., sepsis, totanus) may be stated under the head of eause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Wcakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. cte., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (discase eausing death), 29 ds.; etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-Always qualify all diseases resulting from "Scnile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURBAU, V.S.

S. No. 1.

of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF Important. S N. B.

1 PLACE OF DEATH



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 281

 S	t.;	Ward)

[if death occurred lo a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year)  1.7 i HEREBY CERTIFY, That i attended deceased from	
Month (Day (Year)	that I last saw h alive on Title Course, 191	
TAGE  Stille Gurl If LESS than 1 day,hrs.  BOCCUPATION  (a) Trade, profession, or particular kind of work.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:	
(b) General nature of Indusfry, business, or establishment in which employed (or employer)	Contributory (Duration) Lyrs. Cmos. ds.	
OF FATHER OF STATES OF FATHER (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF OF MOTHER (OF MOTHER)	Contributory Secondary  (Duration) yrs mos ds.  (Signed) , M. D.  *State the DISEASE CAUSING DEATH OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
13 BIRTHPLACE OF MOTHER (State or country) Confunction Ass.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Albert A Firestiers	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, If not at place of death? Former or	
(Address) Bladensburg M. D.  15 Filed Feb-12, 1915 D. Spieer REGISTRAR	Usual residence  19 place of Burial or REMOVAL  Bladewaburg Md  20 underzaker  Address  June also Some	
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balton Requesting V. S. White and		

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. statement. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in Industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given np on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Antomobite factory. the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not fication as Day taborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never retnru "Laborer," Farmer (retired 6 yrs.) For persous "Foreman,"

Statement of cause of death—Name, first, the Insease causing mearth (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerchrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritongeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tnmor" for maligoma, Sarcoma, etc., of...... (name origin; "Canscpsis, tetanus) may be stated nuder the head injury, as fracture of sknll, and consequences (e. g., by earbotic acid-probably snicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State canse for childbirth or miscarriage as "Puerperal septichae etc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convilsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ample: Meastes cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accithre of the American Medical Association.) The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (disease cansing death), 29 ds.; "Dropsy," "Exhanstion," Never report



	1 PLACE OF DEATH	230 STATE OF MARYLAND
		CERTIFICATE OF DEATH
Co	unty france and bold	5 / ) Registered No. 245
Vi	illage or Gity Hyalleville (No.	St; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
		16 DATE OF DEATH 2 16
3 SE	MARRIED, willower, or over the construction of	(Month) (Day) (Year)
72	male olored (Write the word)	1.7 I HEREBY CERTIFY, That I attended deceased from
. 0	(Month) (Day) (Year)	that I last saw h
7 AC		and that death occurred on the date stated above, at
-	1 day, / ghrs.	The CAUSE OF DEATH was as follows:
	yrs. mos. X ds.   ORmin. ?	his infant died conhoret medical ist
(8)	CCUPATION Trade, profession, or	lenden It was viewed by me as Corners
par	rticular kind of work	and in my opinion died from
busi	General nature of Industry, Iness, or establishment In Ich employed (or employer)	Matural carras (Duration) trs. thos. de.
	RTHPLACE tate or country) Hyattavillo Zud	Contributory (Secondary) (Buration) yrs mas de.
	10 NAME OF HORD SOLD SOLD SOLD SOLD SOLD SOLD SOLD SOL	(Signed) Louis O. Missman J. P. Coroner, W. O.
ARENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
	12 MAIDEN NAME OF MOTHER SO	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
Ω	13 BIRTHPLACE OF MOTHER (State or country) Marlbors Med	At place In the of death yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		Where was disease contracted, If not at place of death?
(Informant)		usual residence
15	(Address) If y allsvalla	Bladess & four a 222 de 1971 1915
FH		20 UNDERTAKER ADDRESS
	Dehuty REGISTHAR	Trancis Jasens sons Jamenstury ma
	ir more plants are needed, address state Registra	r. 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. materiai worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfuily employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. Physician, Compositor, Architect, Locomotive engineer ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman, (b) Cotton mill; (a) Salesman, If the occupation has As examples: For persons

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pacumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ample: Measles (disease causing death), 29 do.; ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritie. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by curbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-acol-The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on "Dropsy," "Exhaustion," .. (name origin; "Canstatement of Examples:



1 PLACE OF DEATH

Very

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No.

St :----Ward)

[If death occurred lo a hospital or Institution. give its NAME instead of street and oumber. 7

MEDICAL CERTIFICATE OF DEATH

2369

and that death occurred on the date stated above, at

(Duration)

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT

CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-

16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS lo the State ..... yrs, \_\_\_\_ mos. .... ds.

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman," 6

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the present to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicmia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronia "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis zer" is less definite; avoid use of "Tumor" for mails. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (disease causing "Dropsy," ... (name origin; "Candeath), 29 ds.; "Exhaustion," Never report



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RECORD

OCCUPATION PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, Married WIDOWED, Married ORDIVORCED (Write the word) DATE OF BIRTH mch (Month) (Day (Year) TAGE It LESS than 1 day .....hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which amployed (or amployer) Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER 50 PARENTS 11 BIRTHPLACE OF FATHER (State or country 12 MAIDEN NAME OF MOTHER See Instructions 13 BIRTHPLACE At place OF MOTHER (State or country) of death 5 yrs. V mos. V3 Where was disease contracted. It not at place of death? Former or OF usual residence Important. Every its 20 UNDERTAKER

PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St .: Ward)

Ilt death occurred in a hospital or institution. give its NAME instead ot street and number. 1

(Month) attended deceased from and that death occurred on the date stated above, a vaure \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OF BURIAL OR REMOVAL DATE OF GURIAL

[Approved by U.S. Census and American Public Health Association.]

tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every persou, irrespective of age. ness of various pursuits cau be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupathus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuiogitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (uame origin; "Caninjury, as fracture of skull, and consequences (e. g., mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as mus." "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee ou Nomencla-"Contributory." scpsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart fullnre," "Haemorrhage," "Inanition," "Marus-"Collapse," "Coma," "Courulsions," "Debility" ("Conis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Seuile," etc.), may be stated under the head of (Recommendations ou statement of "Dropsy," "PUERPERAL septichae-"Exhaustion," Never report



RECORD

PERMANENT

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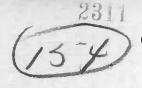
WRITE

15

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

### V. S. No. 1.

1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;----Ward)

[If death occurred in a hospital or institution, give its NAME Instead of street and nomber.]

ADDRESS

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 si	ex Color or race 5 single, Marked, Midowal Widowed, Ordivorce (Write the word)	16 DATE OF DEATH 7 1915  (Month) (Day (Year)  17 I hereby certify, That I attended deceased from
6 D	(Month) (Day (Year)	that I last saw h 2 alive on that data 191
TAG Me	GE  If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 4
(a) pa (b) bus whi	CCUPATION ) Trade, profession, or ricular kind of work.  General nature of industry, siness, or establishment in ich employed (or employer)  IRTHPLACE (State or country)	(Duration) yrs. mas. ds.  Contributory Secondary
ARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	(Signed)
14 7	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds. State yrs mos ds  Where was disease contracted, If not at place of death? Former or osual residence.
	(Address) Brandynn &	19 PLACE OF BURIAL OF REMOVAL   DATE OF BURIAL

If more blanks are needed, address State Registrar & E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no oecupation whatever, write Nonc. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, For many occupations a single word or term on the tiou is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that faet may be indi-(b) Cotton mill; (a) Salesman,

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*\*STyphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State eause for ture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Coutributory." injury, as fracture of skull, and consequences (e.g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or misearriage as "Puerperal septichaeete, when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatle), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (seeoudary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease eausing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," For Vio-



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1 PLACE OF DEATH County Prince Gro.

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### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

St;.....Ward)

a hospitel or institution, give its NAME instead of street and number.

2 FULL NAME Muss Mary Hurley	1
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White. (Write the word)	16 DATE OF BEATH Felig 20 , 1915 (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	Febry 6 th 1915 to Febry 20 1915,
(Month) (Day) (Year)	that I last sew her alive on February 20, 1915.
TAGE If LESS than	and that death occurred on the date stated above, atm,
49 yrs. 7 mos. 20 ds. OR min.?	The CAUSE OF DEATH* was as follows:
a) Trade, prefession, or particular kind of work.  The particular kind of work.	Cancer of Stomashe & Siver
(b) General nature of industry, business, or establishment in for Mr. Fred - Nicks which employed (or employer)	(Duration) yrs. / mos. 20 ds.
State or country) hal did South	(Secondary)
10 NAME OF FATHER Saul. Sourcey	(Signed) R. a. Bennett, , M. D. Feby 21, 1912 (Address) Riverdale Ind.
Z (State or country) CONK, Lularw.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Many Hurley  13 BIRTHPLACE OF MOTHER (State or country)	10 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
(Informent) P. A. Bennetting.	Where was disease contracted,  If not at place of death?  Former or  usual residence. Riverdacte Inch.
(Address) Riverdale Ind.	Massing for V. Seby 22, 195
Filed Yels 21, 1915 Mrs. Jas Derens	20 UNDERTAKER AUTOR 1523 - 14
If more blanks are needed, address State Registra	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvunt, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tlon is very important, so that the relative heaithful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia." unqualified, is Indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin

cause of death approved by Committee on Nomenclainjury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puenperal septichaecause. Aiways qualify aii diseases resuiting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Seniie," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis. nant neopiasms); Measles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... ture of the American Medicai Association.) "Contributory." Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can-State cause for For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

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No.	
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ate	PLACE OF DEATH	2313 STATE OF MARYLAND
N S	County R JE	CERTIFICATE OF DEATH
-	70	Registration Dist, No. 245
PHYSICIANS shou of OCCUPATION	Village or City by wild roll (No,	St.; Ward)  [If death occurred is a hospital or institution, give its NAME instead of street and number.]
. #	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EXACTLY. t statement	male office (Write the word)	16 DATE OF DEATH FL 19 , 1912 (Month) (Day (Year)
stated Exact	8 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from 456 15 1915, to 426 19 1915.
Fied	7 AGE   If LESS than	that I last saw have alive on 7 6 19 1912 and that death occurred on the date stated above, at 6 m.
.00	yrs 1 mos 13 ds. 1 day,hrs. OR min.?	The GAUSE OF DEATH* was as follows:
supplied. AGE si may be properly e.	(a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in	(Duration) yrs mos 4 ds
that it may certificate.	which employed (or employer)  9 BIRTHPLACE (State or country)	Contributory Secondary  (Doration) yrs mos ds
000	10 NAME OF allane m Knight	(Signed) # 5. William, M. D.
terms.	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
nformation a VTM in plain Instructions	of Mother Elizabeth M. Hawking  13 BIRTHPLACE OF MOTHER (State or country)  LOC	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos ds. State yrs, mos ds
F DE	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Ethal Deauthins	Where was disease contracted, If not at place of death?
. B.—Every iten CAUSE O Important.	(Address) Tyatisgille med:  15 Filed Yels 34", 1915 Mod Jack Severe	Bladensburg Md Sub 21 1915  20 UNDERTAKER ASCLÉS SONS Bladus burg mo
Z (H		rar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at heginning of illheen changed or given up on account of the disease of persons engaged in domestie service for wages, as Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the sceond additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Preeise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from husiness, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or misearriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measics (disease eausing death), 29 ds.; affection need not he stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerreral peritonitis," etc. State eause for, cte., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (seeondary), 10 ds. Never report eause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably ture of the American Medical Association.) is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of For VIO-



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1 PLACE OF DEATH County .... PERSONAL AND STATISTICAL PARTICULARS 3 SEX S SINGLE. DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. ORDIVORCED (Write the word) DATE OF BIRTH that I last saw h Am alive on (Month) (Day (Year) TAGE If LESS than 1 day hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ..... certificate. 9 BIRTHPLACE (State or country) Contributory..... Secondary 10 NAME OF FATHER þ back 11 BIRTHPLACE ARENT OF FATHER (State or country) 00 12 MAIDEN NAME instructions OF MOTHER OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER of death ...... yrs. (State or country) Where was disease contracted. if not at place of death? Former or usual residence. Important, Every 16 UNDERTAKER

REGISTRAF

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No.

St: Ward)

Ilf death occurred in a hospital or institution. give its NAME Instead of street and number. I

MEDICAL CERTIFICATE OF DEATH (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above. The CAUSE OF DEATH\* was as follows: \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. In the State ..... yrs, \_ PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Ballo, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer. Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, Groccry; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as statement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pheumonia"); Lobar pheumonia; Bronchopheumonia ("Pneumonia," unqualified, is indefinite): Tuberentesis of lungs, meninges, peritonaeum, etc., Carcin-

mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death). 29 ds.; valvular heart disease; Chronic interstitial nephritis, uant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cau such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uruemia," "Weakness," "Heart failure," "Haemorrhage," "luanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. eause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably IENT DEATHS State-MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," (Recommendations on statement of etc.), "Dropsy," "Exhaustion," State eause for



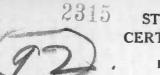
Y. B. No. 1.

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V F.D	INK
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2	PLAINLY,
	WRITE

RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH (No ...



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; .....Ward)

[if death occurred to a hospital or Institution, give its NAME Instead of street and oumber.]

el Colt

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from July 21, 1915, to July 25, 1915
AGE / / If LESS than	that I last saw h in alive on 34, 25, 1915, and that death occurred on the date stated above, at 8 a.m. The GAUSE OF DEATH* was as follows:
CCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in	(Duration) yrs mos Y ds
Chance Wahlen Gertiots	Contributory Asphysica /2 hrs. (Secondary) /2 hrs. (Deration) yes mes to
11 BIRTHPLACE OF FATHER (State or country) Office a Pa	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLERGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place   Io the   of death yrs mos ds.  Where was disease contracted,   If not at place of death?
(Informant) James astiten teichols	Former or usual residence
5	Odentine min Febr 27, 1915  20 UNDERTAKER  This R. Halley  ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciessary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and eveny person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing definite same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasended"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL scptichaemus," "Oid Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (mereiy symptomatic), "Atrophy," Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vicetc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic ter" is iess definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of \_\_\_ The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can-"Exhaustion,"



	1 PLACE OF DEATH	2316 STATE OF MARYLAND
Coun	ty Brice George	CERTIFICATE OF DEATH Registration Dist. No. 248
Villag	ge or City Bullword (No., 2 FULL NAME Robert L. Pay	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
-0	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	MARRIED, Z	16 OATE OF DEATH Felmary 20 , 1915 (Month) (Day) (Year)
6 DA	TE OF BIRTH  (Month) (Day) 1854  (Year)	that I last saw have alive on Held 19 1913
7 AG		and that death occurred on the date stated above, at 2.10 m The CAUSE OF DEATH * was as follows:
330 par	OCUPATION ) Trade, profession, or Pafer Ranger ricular kind of work Pafer Ranger ) General nature of industry	La Grippe
whi	ishess, or establishment in ich employed (or employer)  IRTHPLACE (State or country) Leonge Lown D. C.	Contributory Lobar Pressure Secondary
	10 NAME OF ROBERT a Payme	(Signed) (Signed) , M. (
RENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
PAR	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the
14 TH	OF MOTHER (State or country)  HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs. mes. ds. State, yrs. mes. ds. fi not at place of death?
	(Informant) Mrs Eva Payne	Former or usual residence  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 File	ed Feb 20, 1915 fel. Ohlendorfund.  REGISTRAR	Bludenstry md Jet 22, 1915  20 UNDERTAKER  Haneis Tasch Sms Olydenstry m
	If more blanks are needed address State Registress	16 W Saratora St. Balto. Requesting V.S. No. 1

[Approved by U. S. Census and American Public Health Association.]

husiness, that fact may be indicated thus: Former (retired state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook. taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housewark, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) Crowry; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton ness of various pursuits can be known. or given up on account of the DISEASE CAUSING DEATH, the duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., of the second statement. husiness or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary firemun, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulknow (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, For persons who have no occupation whatever, If the occupation has been changed Architect, Locomotive engineer, Never return "Laborer," If retired from without more The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," I. Lobar pneumonia, Bronelopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Aecidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," lapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," nephrilis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Weasles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcomo, etc., of . . . on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from child-"Heart failure," "Hzemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. (name origin; "Cancer" is less definite; avoid use of or miscarriage as "Puerperal septichaemia," by railway train-accident; Revolver wound of The nature of the injury, as fracture of skull, corbolic acid-probably State cause for which "Atrophy," (Recommendations

If the certificate is looked over thoroughly and all questions conswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 3 1915
BURLLAU, V.S.

UNFADING INK-THIS IS

WRITE PLAINLY, WITH

CAUSE OF I

N.B.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state and DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

RECORD

A PERMANENT

		00.4 %
	PLACE OF DEATH	2317 STATE OF MARYLAND
	· Course HENTER	CERTIFICATE OF DEATH
Co	unty.	Registration Dist. No. 2 35
	Jos. Arisol. On	
Vil	lage or City No. 4 100	St.; Ward) [If death occurred in a hospital or Institution,
	[2]	give Its NAME Instead ot street and number.]
	FULL NAME Selegarin	u Veacock)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 5	EX 4 COLOR OF RACE 5 SINGLE,	16 DATE OF DEATH 9 75 1016
1	Male White Willower (Write the word)	(Month) (Day (Year)
8 5	ATE OF BIRTH	17   I HEREBY CERTIFY, That I aftended deceased from
0	Ssikeeman . 741	1800 24, 1915, to 1800 1915,
	(Month) (Day (Year)	that I last saw hallalive on Fell 241191x)
TA		and that death occurred on the date stated above, at 10 au m.
	yrs mos ds OR min.?	The CAUSE OF DEATH was as follows:
80	OCCUPATION	f 10 10 10 10 10 10 10 10 10 10 10 10 10
	1) Trade, profession, or Aalover	fly fly was a way
(b)	) General nature of industry,	2 or Mon
	siness, or establishment in famule clock	(Duration) yrs mos ds.
9 B	(State or country)	Secondary
	1//A	(Ouration) yrs / mos / us.
	10 NAME OF FATHER / 1 / / REAL SCI / TI	(Signed) Dhielo Dansbuffelly D
S	11 BIRTHPLACE	All 2,5, 1915 (Address) by costotole and
Z	OF FATHER (State or country)	
ARENTS	12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
4	OF MOTHER MULEUWWW	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country)	At place . in the
14		of death yrs mos ds State yrs mos ds Where was disease contracted,
	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
	(loformant)	usual residence
	(Address) TOYESTUCLE INC	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	7 1 1 1 1 1 1	tonewall alustons tel 1915
FI	ned they 26, 1915 towned to the	20 UNDERTAKER
-	REGISTRAR	Manny to Michigan toneshilly had
1	it more planks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of iiishould be taken to report specifically the occupations gainfuily employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as fication as Day laborer, Farm laborer, Laborer Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (discase causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemiu," "Weakness," "Heart failure," "Hacmorrhage," 'Inanition," 'Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Coumere symptoms or terminal conditions, such as "As affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origiu; "Canture of the American Medical Association.) "Coutributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustiou," Never report



should state

PHYSICIANS

RECORD

PERMANENT stated EXACTLY.

Exact statement of OCCUPATION is very

carefully supplied. AGE should be so that it may be properly classified. UNFADING INK-THIS IS

DEATH in plain terms, so that it m. See instructions on back of certificate.

N. B.—Every item of information should be CAUSE OF DEATH in plain terms, s

Important.

### S. No. 1.

WRITE PLAINLY, WITH

1 PLACE OF DEATH

STATE OF MARYLAND 2318 CERTIFICATE OF DEATH

Registration Dist. No

St.;....Ward)

[If death occurred in a hospital or Institution, give its NAME Instead

FULL NAME Mathia dran	the of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Femule Color of RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH 2 /4 ,1915 (Month) (Day (Year)
Month) (Day (Year)	that I last saw h
7 AGE    1 t LESS than   1 day,hrs.   ORmln. ?	and that death occurred on the date stated above, at
BOCCUPATION  (a) Trada, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)	Contributory (Duration) yrs. 6 mos. ds.
(State or country) Maryland  10 NAME OF FATHER CAMPOUR  11 BIRTHPLACE OF FATHER (State or country) Whow were stated or country of the country	(Signed) (Buration) yrs mos ds.  (Signed) (Address) (Address) (M. D. M.
of Mother Catherine west  13 BIRTHPLACE OF MOTHER (State or country) Maryland  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Edward Arangler	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, It not af place of death?————————————————————————————————————
(Address) When Macheord Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Upper Marlbort Md 75 16, 1915

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursults can be known. The question who receive a definite salary), may be entered as For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonacum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debillty" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection uced not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-The contributory "Old Age," "Shock," "Uraemia;" "Weakness," Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head of (secondary or intercurrent) State cause for Never report



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pinous OCCUPATION RECORD PERMANENT properly pe UNFADING may certificate. ō back Instructions \_ DEATH of 10 mportant. CAUSE

state ver9

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 239 If death occurred in St .: .....Ward a hospital or lostitution. give its NAME Instead of streef and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at ..... f day .....hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) ..... Contributory 9 BIRTHPLACE (State or country) Secondary (Duration 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER (Address) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State ..... yrs. .... mos., Where was disease contracted. If not at place of death? Former or usual residence. 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U.S. Census and American Public Health Association.]

applies to each and every person, irrespective of ago. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: But in many "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

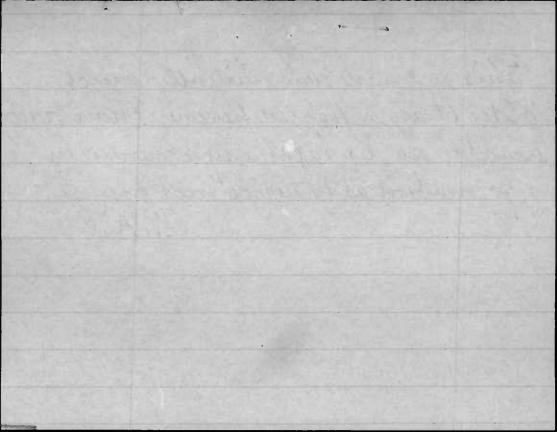
dent; Revolver wound of head-homicide; Poisoned nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligmere symptoms or terminal conditions, such as "Asample: Meastes (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis. oma, Sarcoma, etc., of...... (name origiu; "Caninjury, as fracture of skull, and eousequences (e. Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichae ctc., when a defiuite disease eau be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Deblity" ("Congenital," "Seuile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) by earbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of



This woman was evidently much older than reported hereon. I have been unable so far to get any accurate information as to her correct age.

W. A. F.

See J. R. Heutt



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UNFADING

RECORD

PERMANENT

jo Item

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### 1 PLACE OF DEATH Very 10 pinous OCCUPATION PHYSICIANS PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. (Month/ (Write the word) 6 DATE OF BIRTH (Month (Dav (Year) 7 AGE If LESS than 1 day hrs. OR ..... min. ? properly -----ds. BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed) 80 0 back 11 BIRTHPLACE terms. (Address) ARENT OF FATHER (State or country) uo 12 MAIDEN NAME plain Instructions OF MOTHER Information OR RECENT RESIDENTS) \_ 13 BIRTHPLACE At place OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. DEATH Where was disease contracted 14 THE ABOVE IS TRUE TO See If not at place of death?... POF usual residence. mportant. M PLACE OF BURIAL REMOVAL Every 15 20 UNDERTAKER

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No.

St.:....Ward)

Ilf death occurred in a hospital or institution, give its NAME Instead of street and number. I

MEDICAL CERTIFICATE OF DEATH

(Day (Year) I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at (Duration) Contributory \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, In the State ..... yrs. \_\_\_\_ mos. DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as minc, etc. material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, If the occupation has As examples: (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of dinys, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronie such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State eause for cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanitlon," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory Meastes (disease causing death), 29 ds.; "Senile," efe.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," For vio-



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SICIANS should OCCUPATION IS PHYSICIANS RECORD PERMANENT properly supplied. UNFADING ō back Instructions = DEATH See 50 PO mportant. CAUSE

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No (No..... St.:---Ward) a hospital or Institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 18 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Day (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day,....hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) ..... Contributory. 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE ... 191.5. (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) /... yrs. .... mos. Where was disease contracted If not at place of death? usual residence

Ilf death occurred in

1912

(Year)

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

NDERTAKER

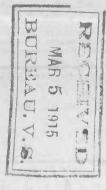


[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is uec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very Important, so that the relative healthfulcated thus: been changed or given up on account of the nisease of persons eugaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons rcturn "Laborer," As examples: But in many "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—In all respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid meumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic "Contributory." scpsis, tetanus) by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICINAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as etc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanitiou," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis. oma, Sarcoma, etc., of...... (name origiu; "Canture of the American Medical Association.) cause of death approved by Committee ou Nomenclainjury, as fracture of skull, and consequences (e. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Scuile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "PUERPERAL septichae "Exhaustion,"



CAUSE

m

PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED, WLDOWED, (Write the word) 6 DATE OF BIRTH (Month) (Year) (Day) 7 AGE If LESS than 1 day .....hrs. OR ..... min. ? 6 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE Instruct OF MOTHER (State or country mportant. 15

1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

...Ward)

[It death occurred in a hospital or institution. give its NAME instead of street and number. ?

MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) death occurred on the date stated above, at (Secondary) (Duration) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-. TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) In the ... yrs. ..... mos. .... State

At place

Where was disease contracted.

If not at place of death? Former or

usual residence

REGISTRAR

OR REMOVAL DATE OF BURIAL

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilimine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specinaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salcsman, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-If the occupation has Farmer or Planter,

Statement of cause of death—Name, first, the diskass causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinosis

ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vicmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purreral septichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumenia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic mere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) (Recommendations on statement of Examples:



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

-Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

N. B.

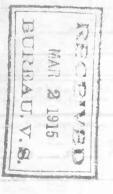
1 PLACE OF DEATH 232	
County Frince Gronge	CERTIFICATE OF DEATH
County	97 Registration Dist. No. 247
Village or City Seat Pleasant,	St.; Ward)  [If death occurred in a hospital or institution, give its NAME lostead of street and nomber.]
-FULL NAME	H .
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jerusle Miche Single, Married, Married, Wisower, Orbivorger (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
Oct 20, 1859	that I last saw he alive on Feb 6 1915.
(Month) (Day (Year)	
7 AGE   If LESS than 1 day, hrs. or min.?	and that death occurred on the date stated above, at
© OCCUPATION (a) Trade, profession, or home	lotar prisimona
particular kind of work  (b) General nature of Industry,	*
business, or establishment in which employed (or employer)	(Quration)yrswos
*BIRTHPLACE (State or country)	Gontributory destina
10 NAME OF Hilliam Parlantes	(Signed) 324 Isady, M. D.
11 BIRTHPLACE OF FATHER (State or country)	Feb 7, 191 0 (Address) Beat Pleasand
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  August Carlot  Control  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  S-  C	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, or RECENT RESIDENTS)  At place   lo the   of deathyrs,mosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informat) Least Thanas The	Former or osual residence
16 Filed Feb. 8", 1915 Grace Dow	Cadian Chape Flita 1, 1915  20 UNDERTAKER ADDRESS
Deputy Socal REGISTRAN	Jacks Sons Bladenshing
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1. And . 7

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations been changed or given up on account of the pisease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples:

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. . State cause for childbirth or miscarriage as "Puerperal septiehaccause. Always qualify all diseases resulting from "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Contributory." sepsis, tetanus) may be stated under the head of Aecidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Can-The contributory (secondary or intercurrent) (Recommendations on statement of Ex.



No. 1.

02

N. B.

WRITE PLAINLY, WITH UNFADING INK-THIS IS

PHYSICIANS should state of OCCUPATION Is very PERMANENT stated EXACTLY. ATH in plain terms, so instructions on back of CAUSE OF important.

RECORD

1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 239

VIII	age or City County (No	Ruff St.; Ward)	a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3 8E	4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH FRUETY (Month)  17  I HEREBY CERTIFY, That I,	(Day (Year)
6 DA	TE OF BIRTH  (Month) (Day (Year)	that I last saw her alive on Ares	Cb H, 1915.
TAG	E If LESS than 1 day, hrs. OR min.?	and that desth occurred on the date stated a The CAUSE OF DEATH* was as follows:	
(a) pari (b) busis	CUPATION Trade, profession, or licular kind of work.  General nature of Industry, ness, or establishment in the employed (or employer)	(Pluexo)	
-	externation of the country of the co	Contributory	yrsds.
ENTS	11 BIRTHPLACE OF FATHER (State or country) Kul Co., Md.	(Signed)	n deaths from VIOLENT
PARI	13 BIRTHPLACE OF MOTHER Phila Pa.	CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, I OR RECENT RESIDENTS) At place In the	NSTITUTIONS, TRANSIENTS,
	(State or country)  HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  Informant)  H. Kurenolius	of death yrs mos ds. State Where was disease contracted, If not at place of death? Former or usual residence.	yrs, ds
15	Feb. 8th 5 Now a Fairall	19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER	ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; applies to each and every persou, irrespective of age. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be suffleient, e. g.. Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very Important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Womcu at home, who are engaged in the Nevcr return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing desired the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 5 1916 BUREAU, V.S. RECORD

PHYSICIANS should state of OCCUPATION is very Exact statement classified. properly may on back plain OF

UNFADING INK

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PERMANENT Every Item CAUSE OF Important. 8

Filed Feb 10

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

1	In any and st: Ward)	a hospit	eath occurred la lai or institution, NAME instead t and nomber.]
1	MEDICAL CERTIFICATE OF	DEATH	
	16 DATE OF DEATHY Elmany (Month)	g (Day	, 191\
	Sec. 24, 1914, to Feb	ittended o	leceased from
	that I last saw h the alive on Teb	8	1912
	and that death occurred on the date stated a The GAUSE OF DEATH $\star$ was as follows:	bove, at	Letenand Strate. T
	Mitid Junffirey	***************	• • • • • • • • • • • • • • • • • • • •
	Contributory Assessable Secondary	yrs hefter	mos d

At place	HESIDENTS)	5 4	In the			
ot death	yrs mos	ds,	State	yrs.	mos.	í
	ase contracted.	, .			142	ĺ
It not at place of	of death?					

REGISTRAR

- Anye	OF BURIAL OR	REMOVAL
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Stao	hunglow	de c.
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ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

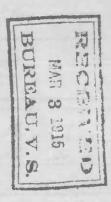
	G.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Married White the word	(Month) (Day (Year)
O DATE OF BIRTH  Seculor (Month) 3 9 (Day 8 4) 6 (Year	All 24, 1914 to Feb 9, 1915
7 AGE If LESS th 1 day,	and that death occurred on the date stated above, at 7.30 ft. m
(a) Trade, protession, or particular kind of work  (b) General nature of Industry,	of The Simplicing
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Alexalthe heftings Secondary
10 NAME OF FATHER John & Smith	(Signed) (Duration) yrs mos ds  (Signed) / Many Many Many Many Many Many Many Many
12 MAIDEN NAME OF MOTHER Malilda & Wech Few	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAD, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place  In the
(State or country) Wad walking Md.  14 THE ABOVE IS TRUE TO THE BEST OF MY HOWLEDGE  (Informant) Palph J. Suith	ot death
(Address) Mr Yawa Ms.	Hashington LCC. Feb. 11th 1910

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the DISEASE who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specfstatement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

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	XD			Gus
County	Va	m	ee	Led



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.; Ward)

It death occurred in a hospital or institution, give its NAME Instead ot street and nomber. 1

3 SE		Color or race	S SINGLE, MARRIED, WIDOWED, ORDIVDROED (Write the WO	rd)
D/	ATE OF BIRT	Acc (Month)		, 1 <i>914</i> (Year)
TAG	GE	yrs. V	mosds.	it LESS than 1 day,hrs. ORmln.?
(a)	CCUPATION Trade, profession		ml	
(b) busi	rticular kind of wo General nature o Iness, or establi	f industry, shment in		***************************************
(b) busi which	General nature o	f industry, shment in employer)	indsle	,
(b) busi which	General nature of iness, or establich employed (or RTHPLACE (State or could have of FATHER of FATHER OF FATHER	findustry, shment in employer)  ntry)  Can  ACE IER r country)  ACE		Med;

MEDICAL CERTIFICATE OF DEATH	
16 DATE OF DEATH TELLEURIS 16 19 (Year (Year)	<u> </u>
17 I HEREBY CERTIFY, That I attended deceased i	rom
, 191, to, 191	*********
that I last saw halive on, 191	l
and that death occurred on the date stated above, at	m,
The CAUSE OF DEATH* was as follows:  Never Saw or preceded of  her unter 8 hours after  acath	2
Contributory (Duration) yrs mos.	ds.
Secondary	4.
(Signed) (Duration) yrs mos (Signed) (Address) Beltaille	
*State the DISEASE CAUSING DEATH, or, in deaths from Viol Causes, state (1) Means of Injury; and (2) whether Accital, Suicidal, or Homicidal.	LENT DEN-
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OR RECENT RESIDENTS) At place of death yrs mos ds. State yrs, mos Where was disease contracted, if not at place of death? Former or usual residence.	
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	,
Donte Maryland Tel 17th	15.
and Horos Ammina	rlo

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman. etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Furmer or Planter, For many occupations a single word or term on the cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a dcfinite salary), may be entered as (a) Spinner, who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobur pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Curcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligchildbirth or miscarriage as "Puerperal septiehae mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "lnauition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of iujury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. Accidental drowning; Struck by railway train—accisuch, if Impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for ctc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. ture of the Americau Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Scnile," etc.), (Recommendations ou statement of "Dropsy," "Exhaustion," The nature of the Never report



S. No. 1.

tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statemen important. See instructions on back of certificate.

OF DEATH	23
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1 PLACE

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 232

St	War	di

[If death occurred in

2FULL NAME	St.; Ward) a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Single, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Fre bruary 6, 1913 (Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw h alive on, 191
TAGE Of 1 If LESS than	and that death occurred on the date stated above, at
yrs	The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work.	Thereature bisth
(b) General nature of Industry, business, or establishment In which employed (or employer)	(Ouration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Prince Leonge Country Ju	ContributorySecondary
10 NAME OF John H Sturger	(Signed) Aut Saushy, M. D.
11 BIRTHPLACE OF FATHER (State or country) Prince Glorge Sountly M  12 MAIDEN 12 MAIDEN OF MOTHER OF MOTHER  14 P P P P P P P P P P P P P P P P P P P	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
THE STANDER NAME OF MOTHER STANDER	EASES, state (1) MEANS OF INJURY; and (2) whether Acciden-
13 BIRTHPLACE OF MOTHER (State or country) Calver bounty Ind	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs, mos, ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) John H Hurger	Former or usual residence
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Teb 7, 195 Rom South	20 INDERTAKER ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is necbeen changed or given up on account of the disease material worked on may form part of the second it should be used only when needed. Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (mcrely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronie mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or misearriage as etc., when a definite disease can be ascertained as the affection need not be stated unless important. by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "PUERPERAL septichac-"Exhaustion," For VIO



V. S. No. 1.

RECORD

### 1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 232

Village or City Inplus	madelins	mo

Thomas luca

St.;-Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Me Color or RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH 2 28 ,1913 (Month) (Day (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, Fhat I attended deceased from
Enhouse . 54	JEOG22, 1915, to heb 23, 1919.
(Month) (Day (Year)	that I last saw har alive on
7 AGE If LESS than	and that desth occurred on the date stated above, at
about 10 1 dayhrs.	The CAUSE OF DEATH* was as follows:
yrsmosds. ORmin.?	THE CASE OF BEATTIA WAS AS TORIOWS;
a) Trade, protession, or	farulysis
particular kind of work Classification	1
(b) General nature of Industry, business, or establishment in	
which employed (or employer)	(Duration) yrsmosds.
9 BIRTHPLACE (State or country)	Contributory
Madand	(Doration)yrsmosds.
10 NAME OF FATHER	(Signed) Revers Agree 4 P
of 11 propriet and	Achd5, 191 1. (Address) at process
D OF FATHER	
(State or country) Maryland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY: and (2) Whether Accuracy
2 12 MAIDEN NAME OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
a Mwinom	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER	At place in the
(State or country) Mayland	of death yrs. mos. ds. State yrs. mos. ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(Interment) 10 Horris	Former or
C6 1/1 0 10 1	usuai residence
(Address). Uffer Mallborthy	19 PLACE OF BURIAL OF BEMOVAL DATE OF BURIAL
16 /	Upper mallow Ind February 20 1905
Filed 10 23 1915 ( Sm8/4mills)	28 WIDERTAKER ADDRESS
REGISTRAR	Level Amstrong upper marlows &
If more blanks are needed, address State Regis	strar, 6 E. Franklin St., Balto., Requesting V. S. 80, 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not . dutics of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engincer, Stationary freman, etc. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, is very important, so that the relative healthful-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," But in many As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was und aken. For vionant neoplasms); Measles; Whooping cough; Chronic mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e.-g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head onicide; Poisoned such, if impossible to determine definitely. Examples: Accidental drowning; Struck by a cay train—acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURA childbirth or miscarriage as "Puerperal scptiehaectc, when a definite disease can be ascertained as the Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing affection need not be stated unless important. Is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) death), 29 ds.; and qualify as Never report EX-



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isted EXACTLY. PHYSICIANS should Exact statement of OCCUPATION ...

of information should be carefully supplied. AGE should be si DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

CAUSE OF Important. S

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RECORD

PERMANENT stated EXACTLY.

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UNFADING INK-THIS IS

PLAINLY, WITH

AGE

1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

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	Registration Dist, No.
Village or City Jacker (No, -	St.; Ward)  [It deeth occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or race Single, Married, Married Widowed, Married Widowed, Winder the word)	16 DATE OF DEATH    House   1916   17   1   1   1   1   1   1   1   1
6 DATE OF BIRTH  (Monph) (Day (Yestr)	that I last saw has alive on the bill 1910
TAGE  It LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at 11-0.74, m. The CAUSE OF DEATH* was as follows:  [
(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME  OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place 10 the ot death yrs, mos. ds. Stete yrs, mos. ds.  Where wes disease contracted, 11 not at place of death?  Former or usual residence
(Address) Malcolin Dud	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  19 PLACE OF BURIAL  19 PLACE OF BURIAL  20 UNDERTAKER  ADDRESS

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a dcfinite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when necded. As examples: essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a slugle word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin-

ctc. The contributory (secondary or intercurrent) nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatle), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For vio-



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OCCUPATION PHYSICIANS RECORD 0 Exact statement PERMANENT EXACTLY properly classified. 4 be IS should UNFADING INK-THIS AGE supplied, pe may PLAINLY, WITH terms, pinode plain of Information 5 DEATH Item OF Every Ite m

1 PLACE OF DEATH state Very 8 pinous 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED WIDOWED, (Write the word) (Month) (Day (Year) 7 AGE It LESS than 1 day hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) .... certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER ō See Instructions on back PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) (Informant) Important. (Address) 15

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

....Ward)

Ilf death occurred in a hospital or institution, give its NAME Instead ot street and number.]

(Month) (Day (Year)  I HEREBY CERTIFY, That I attended deceased Iro  191 to 1915  that I last saw have allow on 1915  and that death occurred on the date stated above, at 1915  The CAUSE OF DEATH* was as follows:  (Duration) yrs mos 0  Contributory Secondary  (Duration) yrs mos 0				
I HEREBY CERTIFY, That I attended deceased Iron.  1912, to	16 DATE OF DEATH	2	2-/	, 1915
(Signed)  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN TAL, SUICIDAL, or HOMICIDAL.  *BLEUNTH OF RESIDENTS  At place of death yrs. mos. ds. State yrs.		(Month)	(Day	(Year)
(Signed)  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN TAL, SUICIDAL, or HOMICIDAL.  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN TAL, SUICIDAL, or HOMICIDAL.  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN TAL, SUICIDAL, or HOMICIDAL.  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN TAL, SUICIDAL, or HOMICIDAL.  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN TAL, SUICIDAL, or HOMICIDAL.  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN TAL, SUICIDAL, or HOMICIDAL.  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN TAL, SUICIDAL, or HOMICIDAL.  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN TAL, SUICIDAL, or HOMICIDAL.  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN TAL, SUICIDAL, or HOMICIDAL.  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN TAL, SUICIDAL, or HOMICIDAL.  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN TAL, SUICIDAL, or HOMICIDAL.  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN TAL, SUICIDAL, or HOMICIDAL.  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN TAL, SUICIDAL, or HOMICIDAL.  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN TAL, SUICIDAL, or HOMICIDAL.  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN TAL, SUICIDAL, or HOMICIDAL.  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN TAL, SUICIDAL, or HOMICIDAL.  **State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN TAL, SUICIDAL, or HOMICIDAL.  **State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN TAL, SUICIDAL, or HOMICIDAL.  **State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN TAL, SUICIDAL, or HOMICIDAL.  **State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN TAL, SUICIDAL, or HOMICIDAL.  **State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN TAL, SUICIDAL, or HOMICIDAL, or	17, I HEREB	Y CERTIFY, That	1 attended de	ceased Iron
chat I last saw have allive on	4-2/	915 to 2	- 41-	1915
(Signed)  *State the Disease Causing Death, or, in deaths from Violen Causes, state (1) Means of Injury; and (2) whether Accidentals, Suicidal, or Homicidals  18 Length of Residence (for Hospitals, Institutions, Transient of death yrs. mos. ds. State yrs. mos. ds. State contacted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL Suicidals or Burial Causes and the state of Burial or Removal Suicidals.  19 PLACE OF BURIAL OR REMOVAL Suicidals of Burial Causes and the state of Burial Or Removal Suicidals.  19 PLACE OF BURIAL OR REMOVAL Suicidals of Burial Causes Causing Date of Burial Causes Suicidals of Burial Causes Causing Date of Burial Causes Causes Causes State			21-	
Contributory Secondary  (Duration)  (Duration)  (Signed)  (Signed)	that I last saw harma	live on		191,
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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE "Manager," "Dealer," etc., without more precise speci-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (0)

pneumonia"); Lobar pneumonia; Bronchopneumonia brospinal meningltis"); Diphtheria (avold use of fever (the only definite synonym is "Epidemic ceretime and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to lesis of lungs, meninges, peritonaeum, etc., Carcin-("Pneumonia," unqualified, is Indefinite): Tubercu-"Croup";) term for the same disease. Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid Examples: Cerebrospinal

> nant neoplasms); Measles; Whooping eough; Chronic valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name orlgin; "Can-"Contributory." mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train—aeeisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustlon," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless Important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for Never report

tions answered to detail, it will prevent further correspondence. All finedula is essential and must be obtained before the certificate is be manently filed. If this certificate is looked over thoroughly and all ques-



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### 1 PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE, MARRIED, ALM WIDOWED. ORDIVORCED (Write the word) DATE OF BIRTH Day (Month) (Year) It LESS than 1 day .....hrs. OR ..... 7 BOCCUPATION (a) Trade, protession, or none particular kind of work... (b) General nature of industry, business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE At place OF MOTHER (State or country) 14 THE ABOVE IS TRUE

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 247

St.;Ward)	[If death occurred in a hospital or institution
	give its NAME instead

ADDRESS

ot street and number.]

MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day I HEREBY CERTIFY. That I attended deceased from and that death occurred on the date stated above, at [ ov a m. (Ouration) Contributory.... Secondary \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) in the of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State \_\_\_\_\_ yrs. \_\_\_ mos. \_\_ Where was disease contracted, It not at place of death? Former or usual residence DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER



[Approved by U. S. Census and American Public Health Association.]

been changed or given up on account of the disease should be taken to report specifically the occupations duties of the household only (not paid Housekeepers statement. Physician, Compositor, Architect, Locomotive engineer, eated thus: of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is uce-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. who receive a definite salary), may be cutered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonacum, etc., Carcin-

ample: Measles (disease eausing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic ture of the Americau Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerferal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a defiulte disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origiu; "Can "Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," For vio-

